

Patient Name : Ms.NAZMA BEGUM	Visit No : CHA250038986
Age/Gender : 85 Y/F	Registration ON : 04/Mar/2025 01: 38PM
Lab No : 10136281	Sample Collected ON : 04/Mar/2025 01: 41PM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 04/Mar/2025 01: 53PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 02: 50PM
Doctor Advice : USG WHOLE ABDOMEN,CBC (WHOLE BLOOD),RANDOM,NA+K+,CREATININE,UREA,URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	8.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric



CHARAK

[Checked By]

Print.Date/Time: 04-03-2025 16:05:32

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 03:31PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	32.2	%	36 - 45	Pulse height detection
MCV	87.0	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	11980	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	16	%	25 - 45	Flowcytometry
EOSINOPHIL	13	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	235,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	235000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	8,027	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,917	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	1,557	/cmm	20-500	Calculated
Absolute Monocytes Count	479	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells show mild cytopenia with normocytic normochromic. WBCs show eosinophilia. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	100.2	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.8	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	130.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	2.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY				

*** End Of Report ***

CHARAK



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MC-2491 Print.Date/Time: 04-03-2025 16:05:40
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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is borderline enlarged in size and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is not visualized -- post operative.
- **CBD** is prominent measuring approx. 15mm in calibre at porta. Rest of the CBD is obscured by bowel gases.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas:** Visualized parts of pancreas are slightly bulky and show increased parenchymal echogenicity.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No space occupying lesion is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. Renal cortical echogenicity is raised. Mild to moderate left hydronephrosis is seen with mild thinning of renal parenchyma. Residual renal parenchymal thickness measuring approx. 6.9mm, 6.3mm and 8.3mm at upper, mid and lower poles respectively. Small anechoic cortical cyst measuring approx. 9 x 6mm is seen in at lower pole of left kidney. Cortico-medullary differentiation is lost at places. Right kidney measures 93 x 42mm in size. Left kidney measures 81 x 31mm in size.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is post menopausal and shows myometrial calcification -- age related.
- No free fluid is seen in Cul-de-Sac.

IMPRESSION:

- **BORDERLINE HEPATOMEGALY**
- **RAISED BILATERAL RENAL PARENCHYMAL ECHOGENICITY WITH LOSS OF CORTICO-MEDULLARY DIFFERENTIATION AT PLACES --? MEDICAL RENAL DISEASE.** Suggested: RFT correlation.
- **MILD TO MODERATE LEFT HYDRONEPHROSIS WITH RENAL PARENCHYMAL THINNING AND LEFT RENAL CORTICAL CYST.**
- **PROMINENT CBD --? CAUSE.** Suggested: MRCP if clinically indicated.
- **RAISED PARENCHYMAL ECHOGENICITY OF PANCREAS --? FATTY INFILTRATION/?? CAUSE.** Suggested: Serum lipase/amylase.
Suggested: CECT abdomen.

Clinical correlation is necessary.

[DR. JAYENDRA KUMAR, MD]

Transcribed by R R...

*** End Of Report ***

